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American Combat Losses in World War II

THE surrender of Japan last August brought to an end the costliest war both in terms of life and treasure that this country has ever fought. The battle death losses* in our armed forces are still not definitely established. They will, however, total close to 325,000, when allowance is made for deaths among those wounded in action, and for the numbers still carried as missing, who eventually will have to be written off as killed in combat or died as a result of enemy action. The great majority of those still recorded as missing must now be counted as dead.

Our combat toll in World War II was thus more than six times as high as that in World War I. Our losses in World War II can be gauged by the fact that they far exceed all our combat death losses in all previous wars in which we have engaged, including the losses of both sides in the Civil War. The aggregate of all American losses in previous wars was barely a quarter of a million.

Of our total combat losses in the war just ended, about four fifths, or between 255,000 and 260,000, were suffered by the Army; the remaining 65,000 to 70,000 were incurred by the Navy, including the Marine Corps and Coast Guard. Of the Navy's total, about 23,000 were Marines, and about 900 Coast Guard men. The higher toll of the Army obviously reflects the much larger numbers of its men who were exposed to combat as compared with the Naval forces. Relative to their strength, however, the combat losses for the two services were more nearly equal. It may be noted, moreover, that the combat deaths in the Navy (including the Marines) were appreciably greater than the total losses for all our armed forces in World War I. The Navy and Marines together lost more than 20 times as many men in the recent war as they did in the first World War; and the Navy alone, since Pearl Harbor, lost about 100 times more men than in the last war. In fact, the Navy in World War II lost more than ten times as many as in all previous conflicts combined.

When the combined losses of all the services are allocated to two

*Unless otherwise stated, the term *losses* throughout this article refers exclusively to deaths in action or from battle wounds in the military, naval, or air forces.

major geographic areas, it is found that approximately two thirds were incurred in the West and one third in the Pacific and the Orient.

Of the Army's losses, about 80 percent, or more than 200,000, were suffered in the European theater of the war, including Italy and North Africa. The Army's losses in this theater alone were about four times our losses in Europe during World War I, and were about equal to the combat deaths on both sides in our Civil War.

Of the Navy and Marine losses in World War II, amounting to about 65,000, approximately 9,000 were incurred in the war against Germany. These 9,000 were almost entirely naval personnel, and were lost in the fight on Nazi submarines, in convoy operations in the Atlantic and Mediterranean, and in assisting landing operations in North Africa and Europe. The remaining losses of over 55,000 were suffered in the fighting against the Japanese. In fact, our losses of Naval and Marine personnel in the Pacific appear to have been about as heavy as those suffered by the Army. Practically all our Marine casualties were suffered in the Pacific.

In the year 1945 alone our losses in all branches of the service were close to 125,000. It was in this year that we really cracked Germany's home defenses, but the final conquest of the German homeland cost us heavy losses in the ground fighting and in the air. In addition, 1945 saw our peak losses in the Pacific theater. Total Army losses in this year are estimated at about 100,000, while the Navy lost about 25,000. For the Army, the average monthly casualty rate in 1945 was higher than in any other year of the war, although the peak monthly casualties came in 1944, in the months after D-Day. Navy and Marine losses, however, reached their peak in 1945.

No definitive figures are as yet available on the comparative death losses in the various branches of the service. As in every previous war, however, the infantryman bore the brunt of battle. This branch of the service not only accounts for the majority of the killed, but its rate of loss is higher than for the Army as a whole. Thus, the Army reports that the infantry accounted for a little more than 20 percent of total strength overseas but suffered 70 percent of the total casualties (killed, wounded, missing, and prisoners). The rate of loss in the air force, however, was about the highest of all major branches of the Army. With the size and importance of the air arm in the fighting, it is not surprising that the death losses in the Army Air Forces were more than 15 percent of the Army total, and in Europe were nearly 20 percent of the total.

Heavy as American losses have been in World War II, our forces inflicted even higher losses on our enemies. In his recent biennial report, General Marshall estimated that German and Italian dead in the Mediterranean area and on the Western front totaled nearly 375,000 in land operations, while Japanese

battle deaths, some time before the fighting ended, were estimated at more than 1,200,000. According to the report, these figures are well above the losses suffered by all the Allies on these fronts.

The seriousness of our battle toll since Pearl Harbor is not to be minimized, yet it was actually much less than responsible military leaders predicted early in the war. Naturally the sudden collapse of Japan kept our losses down. It should be realized, too, that we suffered fewer deaths than either of our two major European allies, and much less than either of our two major enemies. Allied victory was achieved before either of these enemy nations was able to launch new and frightful weapons against the continental United States. Consequently, our country was the only major belligerent to escape severe destruction of life or property in its territory. But the very size of our losses should spur our leaders in their every endeavor to develop, in concert with other nations, a permanent world organization for peace.

Complete Victory Over Tuberculosis in Sight

THE death rate from tuberculosis in our industrial population has been reduced to only one seventh of what it was three and one half decades ago. The social and economic gains which have naturally flowed from the increasing control over the disease have been truly immeasurable. Not only have huge numbers of lives been saved, but in addition many families have been saved from disruption by the death of a parent, and many have been spared lingering, disabling illness. Few achievements in life conservation have contributed so much to the well-being and happiness of the American people.

A good picture of what has happened to tuberculosis mortality in the past 35 years is available from the experience of the many millions of Industrial policyholders of the Metropolitan Life Insurance Company; the details appear in the table on page 4. The standardized death rate from the disease among these insured (ages 1 to 74 years) fell rapidly from a peak of 223.9 per 100,000 in 1911-1915 to a low of 34.4 in the first nine months of 1945, a drop of 85 percent. Each color, sex, and age group enjoyed a large decrease, although all groups did not share equally in the benefits. The largest relative declines occurred in childhood and in early adult life; the smallest improvement took place at the older ages. For example, among white males, in the ages between 5 and 35 the drop in tuberculosis mortality was more than 90 percent, but at 65 to 74 years the decline was 52 percent. Females in each race did slightly better than males at the ages beyond 35; before that age, males generally made the better record.

Progress in controlling tuberculosis among the colored, although

DEATH RATES PER 100,000 FROM TUBERCULOSIS, ALL FORMS; BY COLOR, SEX, AND AGE, 1911 TO 1945; METROPOLITAN LIFE INSURANCE COMPANY, INDUSTRIAL DEPARTMENT

YEAR	AGE GROUP										
	1–74*	1–4	5–9	10–14	15–19	20–24	25–34	35–44	45–54	55–64	65–74
	WHITE MALES										
1945†	40.2	11.1	1.5	.9	8.0	16.8	35.8	69.8	101.9	124.7	124.0
1944	42.8	10.0	2.9	3.0	10.3	23.9	35.8	75.2	107.8	124.7	127.7
1943	42.6	6.9	2.5	2.1	10.4	21.3	41.2	80.2	104.9	116.6	119.2
1942	44.1	8.9	3.6	3.3	12.3	30.2	40.2	78.7	112.5	114.2	111.9
1941	45.3	9.5	3.0	4.0	9.8	26.2	45.8	82.7	104.0	132.1	113.1
1936–40	51.3	11.5	4.2	3.3	11.7	30.4	55.6	90.2	123.6	136.2	127.8
1931–35	68.4	18.3	6.5	4.9	22.3	54.8	83.8	121.7	152.5	152.3	130.5
1926–30	93.2	28.3	9.8	8.5	40.7	87.9	121.5	163.8	191.1	177.1	159.0
1921–25	115.3	35.1	12.9	11.6	58.1	125.9	156.1	198.1	217.6	200.5	189.9
1916–20	206.2	65.9	22.3	18.8	97.3	195.9	290.1	406.1	394.8	313.2	267.0
1911–15	265.1	77.9	25.7	21.9	123.7	264.3	410.6	550.8	460.0	363.3	257.2
Percent decline 1911–15 to 1945	85	86	94	96	94	94	91	87	78	66	52
	WHITE FEMALES										
1945†	19.1	9.3	1.8	3.0	14.6	28.1	36.7	23.5	18.4	21.9	33.2
1944	20.3	8.7	3.0	3.3	17.3	31.7	34.5	26.4	19.5	23.1	40.6
1943	22.0	9.9	2.7	3.3	14.8	35.4	38.7	29.9	22.0	25.6	39.5
1942	21.8	6.7	2.7	4.6	18.3	34.6	37.8	27.0	24.1	28.5	35.2
1941	23.7	11.9	2.7	3.0	17.6	30.4	44.9	30.6	22.1	32.8	44.7
1936–40	29.6	11.1	3.4	4.9	23.5	51.7	50.4	35.4	30.7	39.2	52.3
1931–35	45.7	17.4	6.2	8.6	41.9	84.8	76.8	54.0	45.8	54.0	66.7
1926–30	68.3	28.1	9.6	15.6	84.1	132.7	109.7	76.3	62.4	68.7	79.1
1921–25	89.4	32.3	12.8	24.6	108.3	173.4	143.4	105.6	84.8	80.7	94.1
1916–20	133.9	59.1	23.2	37.7	160.3	233.5	218.2	170.7	126.3	119.6	121.7
1911–15	155.6	78.4	29.4	44.5	163.0	245.0	258.7	218.2	149.2	142.6	142.6
Percent decline 1911–15 to 1945	88	88	94	93	91	89	86	89	88	85	77
	COLORED MALES										
1945†	97.3	25.4	6.1	14.5	84.2	117.5	130.5	143.0	163.1	177.0	172.5
1944	104.6	47.8	16.7	22.9	93.9	135.3	128.2	152.1	163.8	159.2	189.7
1943	109.1	50.5	9.3	23.0	109.6	145.8	145.0	153.5	167.5	172.2	138.8
1942	119.7	35.0	24.6	30.2	115.9	154.6	170.2	174.6	178.3	183.6	120.9
1941	118.8	45.4	18.1	25.3	102.3	179.9	156.4	189.8	172.7	173.2	114.9
1936–40	146.9	51.8	23.9	29.4	126.1	225.4	215.3	208.7	214.1	192.7	177.0
1931–35	186.3	89.3	39.3	49.8	189.8	272.0	270.2	270.4	239.1	214.9	174.9
1926–30	216.5	129.1	56.6	68.4	272.2	351.0	293.2	272.7	256.3	214.8	183.1
1921–25	225.7	131.7	70.6	87.0	289.4	357.4	298.2	277.6	253.0	223.4	220.3
1916–20	351.5	204.3	115.6	155.8	439.3	509.2	464.4	460.7	398.6	338.1	337.2
1911–15	413.7	244.9	140.0	153.6	469.7	588.0	567.8	571.3	474.8	445.9	328.1
Percent decline 1911–15 to 1945	76	90	96	91	82	80	77	75	66	60	47
	COLORED FEMALES										
1945†	82.8	23.2	14.0	34.0	140.6	202.9	127.0	80.2	44.2	46.6	58.5
1944	84.8	33.4	15.9	37.3	135.0	174.9	136.7	81.8	58.4	56.4	63.8
1943	92.0	40.8	10.4	45.8	137.9	225.2	133.3	86.0	63.1	64.8	62.5
1942	106.3	29.5	20.3	63.1	199.6	239.6	153.9	92.4	69.3	62.1	57.8
1941	98.6	30.7	10.6	33.3	167.1	221.4	160.7	91.2	64.7	76.3	62.5
1936–40	125.9	57.1	23.5	63.9	225.3	269.4	180.9	117.2	86.1	80.7	75.1
1931–35	168.7	83.1	38.3	91.6	305.8	351.5	243.2	145.8	113.9	107.3	98.8
1926–30	215.4	120.5	54.7	126.3	407.3	441.1	306.1	185.7	139.1	106.9	104.4
1921–25	239.5	123.2	62.9	169.1	444.6	501.5	325.2	204.5	150.5	128.7	118.8
1916–20	332.4	195.4	139.4	283.7	613.5	603.2	429.0	297.9	206.1	189.2	157.2
1911–15	371.5	249.8	152.0	323.0	642.1	650.2	475.6	354.5	233.9	195.7	181.7
Percent decline 1911–15 to 1945	78	91	91	89	78	69	73	77	81	76	68

*Standardized for age on the basis of the Standard Million of England and Wales, 1901.
†Based on provisional figures for the first nine months.

marked, has not kept pace with the improvement among white persons. Between 1911-1915 and 1945, the mortality from the disease in this insurance experience dropped 77 percent among the colored, as compared with 86 percent among the white. At present, the tuberculosis death rate among colored males is almost 2½ times the rate for white males; among females, the corresponding ratio is more than 4 to 1. Current death rates for the colored are about at the level of those for white policyholders two decades ago. The fact that the mortality from tuberculosis among the colored is still high, and that their improvement in the past 35 years has been slower than that for white persons, underscores the necessity to intensify efforts to control the disease in this large segment of the population.

The present year marks several anniversaries of landmarks in the organized campaign against tuberculosis. Sixty years ago Trudeau founded his famous cottage for tuberculous patients at Saranac Lake. This was the forerunner of the modern sanatorium, whose function it is not only to treat the tuberculous patient, but also to isolate him as a source of infection. The infectious nature of the disease was well-known by 1885. Three years earlier, Koch had discovered and described the infecting bacillus. Then, too, just a half-century ago, in 1895, the discovery of the X-ray by Roentgen provided a new and indispensable weapon in the fight against tuberculosis, one which laid the foundation for the present practice of case-finding through mass surveys. Four decades ago the antituberculosis movement was given marked impetus when the organization now known as the National Tuberculosis Association held its first annual meeting. This voluntary health agency has made outstanding contributions to the control of the disease, particularly through its program of education.

Another landmark in the campaign against tuberculosis was the demonstration in Framingham, Mass., conducted by the National Tuberculosis Association and the Metropolitan Life Insurance Company in the years 1917 to 1923, which showed communities how to fight the disease effectively. The local community has remained the focus for the attack on tuberculosis. This was confirmed only last year when the Federal Government set up its Tuberculosis Control Division within the Public Health Service; the activities of this Division are to be carried on very largely in cooperation with local and State agencies. These massed frontal attacks against tuberculosis within the last few decades have been helped materially by the general rise in our standard of living.

The organized effort to control tuberculosis among American wage-earners and their families during the past 35 years has been eminently successful, but it is still far short of its goal—virtual eradication of the disease. Modern facilities for case-finding, treatment, and rehabilitation have not been put to their fullest use.

This is particularly true in the colored population, where the hard core of the problem now lies. Tuberculosis would be almost completely eradicated in our country in the near future if existing knowledge and facilities were fully and effectively utilized.

Fertility and Educational Level of Parents

IT HAS been commonly observed that the reproductive rate in American families tends to decrease with advance in the educational attainment of either the husband or wife. To this well-established fact may now be added a further observation; namely, that this decrease is influenced to a greater degree by the education of the wife than by the education of the husband. The pertinent data derived from the last census are set forth in the table on page 7.

The data in the upper tier of the table show, for the country as a whole, the inverse relation between fertility and educational attainment. For example, in families where neither the husband nor the wife continued their schooling beyond the seventh or eighth year, there were 544 children under 5 years per 1,000 wives. In families where the wife had only a grade school education but the husband had one or more years at college, the corresponding rate was only 431 children under 5 years per 1,000 wives, or 21 percent less than the former figure. In the contrary situation, where the husband had only seven or eight years of grade school and the wife had college training, there were 357 children under 5 years per 1,000 wives; in this case the adverse effect upon the reproductive rate amounted to no less than 34 percent, as compared with families in which both parents had but limited schooling. Further study of the columns of the table reveals the fact that the rates among college women tend to vary less according to the schooling of their husbands than do the rates of women of lower educational status.

The general character of the relation between fertility and educational attainment in the country as a whole is observed in both urban and rural areas, as may be seen from an inspection of the various tiers of the table. To take an example for rural farm families: where both parents had only a grade school education, the number of children under 5 per 1,000 wives was 649; where the wife had only seven or eight years of schooling and the husband had one or more years of college training, the corresponding number of children was 556; and where the situation was reversed, the figure was 453.

As one would expect, for each category of educational attainment, the rates are highest for families living in rural farm areas, next highest for residents of rural non-farm communities, and lowest for urban families. As a matter of fact, the variation of the rates as observed in the table is influenced more by the

area of residence than by the education of the parents; as regards the latter, the variation with the educational attainment of the wife is significantly greater than that with the education of the husband.

CHILDREN UNDER 5 YEARS OLD PER 1,000 WIVES* ACCORDING TO EDUCATIONAL ATTAINMENT OF HUSBAND AND WIFE; UNITED STATES, 1940, URBAN AND RURAL

MAXIMUM YEARS OF SCHOOL COMPLETED BY HUSBAND	MAXIMUM YEARS OF SCHOOL COMPLETED BY WIFE					
	Grade School			High School		College
	Under 5†	5–6	7–8	1–3	4	1 or more
	TOTAL UNITED STATES					
Grade school: Under 5†	720	735	641	535	379	278
5–6	740	645	613	573	478	383
7–8	628	614	544	503	438	357
High school: 1–3	564	548	499	459	386	389
4	428	495	459	421	344	336
College: 1 or more	448	599	431	387	350	309
	URBAN					
Grade school: under 5†	586	592	508	464	297	189
5–6	553	535	508	507	407	296
7–8	535	521	468	445	382	279
High school: 1–3	435	462	446	416	344	377
4	366	424	417	384	318	307
College: 1 or more	370	424	376	352	329	292
	RURAL NON-FARM					
Grade school: under 5†	724	727	682	556	456	384
5–6	721	662	635	600	499	383
7–8	675	636	577	538	466	358
High school: 1–3	697	603	529	502	432	378
4	504	578	496	469	369	349
College: 1 or more	400	509	553	423	394	336
	RURAL FARM					
Grade school: under 5†	820	832	737	634	513	568
5–6	884	737	715	649	589	485
7–8	713	722	649	604	529	453
High school: 1–3	612	637	627	566	483	405
4	657	626	574	544	467	461
College: 1 or more	503	1,099	556	550	472	428

*Native white women of ages 15 to 49 married once and living with husband. The rates were standardized for age on the basis of the age distribution of the total female population at ages 15 to 49 in the United States, 1940. Source for basic rates: U. S. Bureau of the Census, *Population, Differential Fertility, 1940 and 1910—Women by Number of Children Under 5 Years Old*, Washington, D. C., 1945, Table 30.

†Includes cases where schooling was not reported.

American Homes Becoming Safer

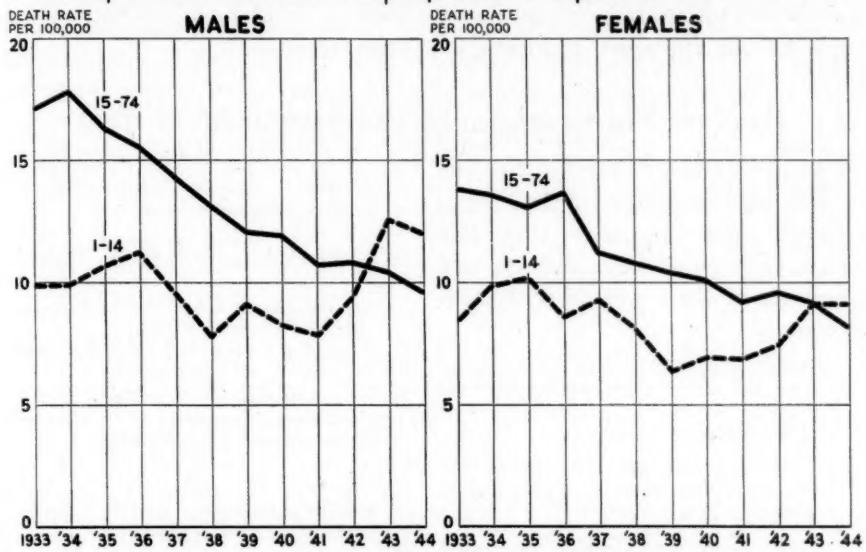
THE American home is becoming a safer place in which to live. This encouraging fact is evident from a recent study of the experience among the Industrial policyholders of the Metropolitan Life Insurance Company. As the chart on page 9 shows, the trend of mortality from home accidents among adults, that is, at ages 15 to 74, has been downward for more than a decade among both males and females. Among adult male policyholders the standardized death rate declined 43 percent between 1933-1934 and 1943-1944; among females, the decrease was somewhat less, namely, 37 percent. Analysis of the data in greater detail indicates that each of the individual age groups within the 15 to 74 year range shared in the improvement. The smallest gain, however, was recorded at the oldest ages. Part of the decline in the war years very likely may be ascribed to the fewer hours spent at home by the family, owing to the absence of the boys in service and to the number of women in war jobs. Nevertheless, it is quite obvious that the decline over the whole period has been substantial.

The mortality from home accidents among children at ages 1 to 14 did not show the same consistent trend as did the death rate among adults. In general, the tendency was downward until the war years, but then the rates increased sharply. For example, among boys the death rate rose from 7.8 per 100,000 in 1941 to 12.6 in 1943, and dropped off slightly the following year. A similar trend was recorded for girls, except that the wartime increase was not as marked. This rise in the toll from home accidents among children undoubtedly reflects wartime conditions which deprived youngsters of some of the safeguards they enjoyed in normal times.

The decrease in mortality from home accidents among adults is especially gratifying inasmuch as accidents of this kind present one of the most difficult problems in the field of safety. One reason is that there is no central authority charged with direct responsibility for the prevention of home accidents, as are management and official labor departments for the prevention of occupational accidents, and police and motor vehicle departments for the prevention of automobile accidents. Within our own homes, we do very much as we like in matters of safety, and we resent outside interference. One method of attack on this problem is, therefore, to bring to the attention of members of the household the many serious hazards which are encountered in the home and the best methods of overcoming them. Such an educational program already has been carried out on a limited scale by safety organizations, public health agencies, police departments, schools, and insurance companies, among others, through well-prepared, attractive pamphlets, home-safety check lists, radio pro-

TREND OF MORTALITY FROM HOME ACCIDENTS BY SEX. AGES 1 TO 14 AND 15 TO 74 YEARS

Metropolitan Life Insurance Company, Industrial Department 1933 to 1944



Death rates standardized for age on basis of the Standard Million of England and Wales, 1901

grams, exhibits, talks at local meetings, and advertisements. The press has likewise rendered invaluable service in this field. In some communities, visiting nurses on their round of duties give valuable information on accident prevention. It is highly desirable that this service be widely expanded.

A factor of considerable importance in cutting down the toll of home accidents has been the modernization of the American home. In many households the hazards incidental to heating, lighting, cooking, and doing the laundry have been materially reduced through the use of more modern and safer appliances and equipment. Especially noteworthy in this connection has been the supplanting of coal ranges by central heating systems and by gas and electric ranges.

Notwithstanding the general downward trend in the mortality from home accidents, this cause still presents a problem of primary magnitude. Accidents in and about the home still take the lives of about 32,000 men, women, and children a year in the general population of the United States, and rank ninth among the causes of death. Obviously, extensive and well-organized activities are needed to make the American people fully conscious of the seriousness of the home accident problem. It is encouraging that the leading organizations interested in home safety have taken definite

steps to coordinate their efforts in an all-out attack on this problem. Architects can make material contributions toward reducing the heavy loss of life in home accidents by giving greater attention to safety factors in the designing of new buildings; manufacturers of household appliances can aid by making safer equipment.

Recent Publications of the Statistical Bureau

THE following studies by the Statistical Bureau of the Metropolitan Life Insurance Company have been published recently, and reprints of them will be sent upon request.

1. Function of the Health Officer in the Control of Tuberculosis Among Veterans. *American Journal of Public Health*, December 1943.
2. The Duration and Thereafter for Public Health Nursing. *Public Health Nursing*, January 1944.
3. Altro Fights for Rehabilitation. *Modern Hospital*, June 1944.
4. Population in a World at War. *The American Scholar*, Winter 1944-1945.
5. The Problem of the Tuberculous Veteran. *American Review of Tuberculosis*, November 1944.
6. Studies in Rheumatic Fever. (Charts)
7. Landmarks of 1944—Association Impacts—Past and Present. *American Journal of Public Health*, January 1945.
8. Trends in Longevity. *The Annals of the American Academy of Political and Social Science*, January 1945.
9. War and the Birth Rate—A Brief Historical Summary. *American Journal of Public Health*, April 1945.
10. Infant Mortality in Relation to Month of Birth. *American Journal of Public Health*, September 1945.

Comparative Data on the Causes of Death Among Industrial Policyholders

The following table shows the mortality among Industrial policyholders for October 1945, and October 1944, together with the death rates for the first ten months of 1945, 1944, and 1943.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
WEEKLY PREMIUM-PAYING INDUSTRIAL BUSINESS
METROPOLITAN LIFE INSURANCE COMPANY

CAUSE OF DEATH	ANNUAL RATE PER 100,000 POLICYHOLDERS*				
	October 1945	October 1944	Year to Date: End of October		
			1945	1944	1943
ALL CAUSES—TOTAL	730.3	793.9	842.0	823.0	782.4
—Excluding war deaths	*690.6*	*677.7*	*741.6*	*767.9*	*769.2*
Typhoid fever	0.3	0.2	0.3	0.2	0.3
Measles	.1	.1	.2	.8	.6
Scarlet fever	—	.4	.3	.4	.4
Whooping cough	.6	.7	.8	.6	1.3
Diphtheria	.8	.8	.8	.6	.7
Influenza	1.9	1.9	3.2	9.4	5.3
Pneumonia (all forms)	19.4	22.5	27.1	34.5	34.9
Tuberculosis (all forms)	32.9	33.5	37.5	40.4	40.6
Tuberculosis of respiratory system	29.1	30.6	33.8	36.7	36.6
Syphilis	6.7	7.1	8.4	9.3	9.7
Cancer (all forms)	108.2	105.0	112.1	108.5	105.8
Diabetes mellitus	20.9	23.0	24.9	28.3	28.2
Cerebral hemorrhage	62.0	56.6	66.7	65.7	65.6
Diseases of the coronary arteries and angina pectoris	64.5	56.7	66.9	62.3	59.9
Other chronic heart diseases†	142.2	136.9	157.7	165.8	168.5
Diarrhea and enteritis	4.9	7.4	3.6	4.9	4.6
Appendicitis	4.7	4.9	5.1	5.6	5.5
Chronic nephritis	35.7	40.8	43.8	46.7	50.3
Puerperal state—total	3.5	3.5	3.5	4.2	4.3
Suicides	6.4	5.7	6.3	6.1	6.4
Homicides	2.8	1.7	3.1	2.9	3.2
Accidents—total	51.9	48.6	55.5	53.7	52.3
Home accidents	7.7	7.7	9.9	10.4	11.6
Occupational accidents	4.9	5.0	5.1	5.8	6.7
Motor vehicle accidents	15.5	12.6	13.7	13.5	12.5
War deaths (enemy action)	39.7	116.2	100.4	55.1	13.2
All other causes of death	120.1	119.6	114.0	116.7	120.7

*The rates for 1945 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.
†International List (1940) titles 92, 93(c), (d), (e), and 95.

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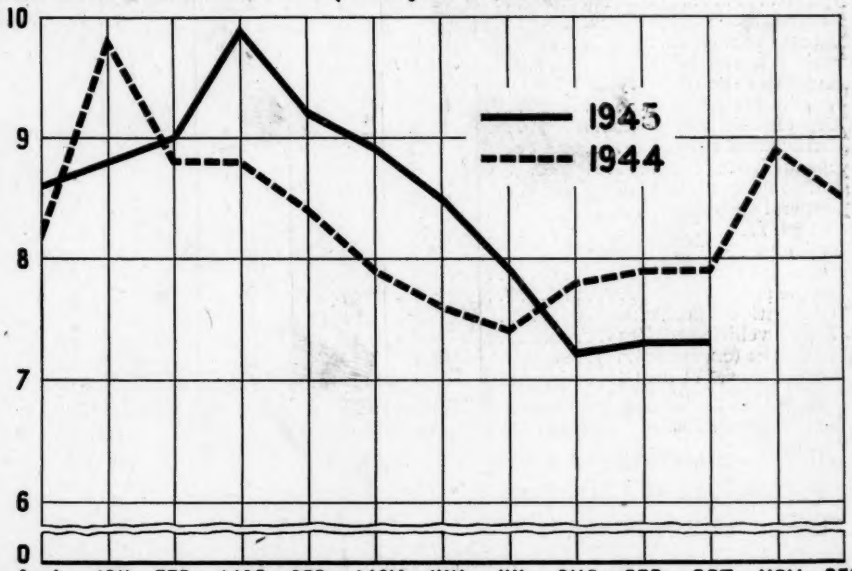
MORTALITY FROM ALL CAUSES*

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT, WEEKLY PREMIUM-PAYING BUSINESS

DEATH RATES PER 1,000 · ANNUAL BASIS (*1945 figures are provisional*)



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1944	9.8	8.8	8.8	8.4	7.9	7.6	7.4	7.8	7.9	7.9	8.9	8.5
1945	8.8	9.0	9.9	9.2	8.9	8.5	7.9	7.2	7.3	7.3		

**Including war deaths*

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